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CONFIRMATION NO. 8347

<b>SERIAL NUMBER</b> 10/810,156	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 141	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b> 11398.65.1
<b>APPLICANTS</b> Gregory P. Elgan, Providence, UT; Brett L. Allred, Hyde Park, UT; Gary Graetz, Smithfield, UT; Jeremy K. Larsen, Providence, UT; Jim A. Austin, Forth Worth, TX;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/458,895 03/28/2003 <i>TCM</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/05/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 55
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 022913				
<b>TITLE</b> Fluid dispensing bins and related methods				
<b>FILING FEE RECEIVED</b> 1702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	